

Prior-Authorization Summary

Health Plan ID: 2162934
Health Plan Name: AmeriHealth Caritas Louisiana
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 20131001
Report Period End Date: 20131231

BAYOU HEALTH Reporting

Document ID: PQ188
Document Name: PRIOR AUTHORIZATION & PRE-CER SUMMARY REPORT
Reporting Frequency: Quarterly
Report Due Date: 30th day of the month following end of reporting period
File Type: Excel
Subject Matter: Quality (Q)

Prior-Authorization Summary					Standard Authorizations					Expedited Authorizations	
Plan ID	Type of Service ¹ Total	Total Requested	Total Approved	Total Denied	Total Requested	% determined within 2 Business days	% determined within 14 Calendar days	% determined within 28 Calendar days	DME- % determined within 25 Calendar days	Total Requested	% complete within 72 hours
		3,781	3,404	377	3,781	87.33%	99.10%	99.74%		27	100.00%
2162934	23 Hour Observation	292	292	0	292	98.97%	99.32%	100.00%		0	0.00%
2162934	Day Hospital	2	2	0	2	50.00%	100.00%	100.00%		0	0.00%
2162934	DME	801	644	157	801	77.78%	98.38%	99.50%	99.48%	14	100.00%
2162934	Home	321	277	44	321	74.14%	99.38%	100.00%		0	0.00%
2162934	Home Infusion	4	2	2	4	50.00%	50.00%	100.00%		0	0.00%
2162934	Outpatient Facility	2,160	1,999	161	2,160	90.74%	99.44%	99.77%		9	100.00%
2162934	Partial Hospitalization	1	1	0	1	100.00%	100.00%	100.00%		0	0.00%
2162934	Provider Office	54	51	3	54	88.89%	96.30%	98.15%		0	0.00%
2162934	SPU	146	136	10	146	95.89%	99.32%	100.00%		4	100.00%
2162934	Transplant	0	0	0	0	0.00%	0.00%	0.00%		0	0.00%

¹Type of Service including DME (prepaid only), CT, MRI, Home Health, Physical Therapy, etc

²Standard Authorizations are elective procedures not including OB

PQ188 Attachment 1: Prior-Authorization Denial Detail

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Prior-Authorization Denial Detail				
Plan ID	Type of Service	Denial Reason		Total Denied
		Code	Denial Reason	(for TOS & Denial Reason)
2162934	Totals >>>>>			394
2162934	DME	OP-D05	Not a Covered Benefit	7
2162934	DME	OP-D24	Lack of Information	45
2162934	DME	OP-D30	Administrative Denial	37
2162934	DME	OP-D39	(PA) Not Medically Necessary	55
2162934	DME	OP-D51	Late Notification (Admin)	27
2162934	Home	OP-D24	Lack of Information	11
2162934	Home	OP-D30	Administrative Denial	6
2162934	Home	OP-D35	Retro-Administrative Denial	1
2162934	Home	OP-D39	(PA) Not Medically Necessary	24
2162934	Home	OP-D51	Late Notification (Admin)	2
2162934	Home Infusion	OP-D05	Not a Covered Benefit	1
2162934	Home Infusion	OP-D30	Administrative Denial	1
2162934	Outpatient Facility	OP-D05	Not a Covered Benefit	6
2162934	Outpatient Facility	OP-D24	Lack of Information	10
2162934	Outpatient Facility	OP-D27	Benefit Limit Exceeded	1
2162934	Outpatient Facility	OP-D30	Administrative Denial	25
2162934	Outpatient Facility	OP-D39	(PA) Not Medically Necessary	118
2162934	Outpatient Facility	OP-D51	Late Notification (Admin)	3
2162934	Provider Office	OP-D24	Lack of Information	2
2162934	Provider Office	OP-D30	Administrative Denial	1
2162934	Provider Office	OP-D05	Not a Covered Benefit	1
2162934	SPU	OP-D05	Not a Covered Benefit	2
2162934	SPU	OP-D24	Lack of Information	1
2162934	SPU	OP-D30	Administrative Denial	1
2162934	SPU	OP-D39	(PA) Not Medically Necessary	6

Pre-Certification Summary

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Pre-Certification Summary					Standard Authorizations				Concurrent Review			Post Service Authorizations	
Plan ID	Level of Care	Total Days Requested	Totals Days Approved	Total Days Denied	Total # Requested	% determined within 2 Business days	% determined within 14 Calendar days	% determined within 28 Calendar days	Total Requested	% complete within 1 business day	% complete within 2 business days	Total Requested	% complete within 30 days
2162934	Totals	11,908	11,590	318	3,668	99.32%	99.84%	99.95%	3,470	98.47%	99.28%	70	100.00%
2162934	Acute	11,393	11,075	318	3,595	99.30%	99.83%	99.94%	3,397	98.44%	99.26%	70	100.00%
2162934	Sub Acute												
2162934	Skilled												
2162934	LTAC	203	203	0	29	100.00%	100.00%	100.00%	29	100.00%	100.00%		
2162934	Rehab	312	312	0	44	100.00%	100.00%	100.00%	44	100.00%	100.00%		

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PQ188 Attachment 2: Pre-Certification Denial Detail

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Report Period Start Date: 20131001
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Pre-Certification Denial Detail				
Denial Reason				Total Denied (for level & Denial Reason)
Plan ID	Level of Care	Code	Denial Reason	
2162934	Totals >>>>>			110
2162934	Acute	IP-D02	1st- Level Med Appeal - Denial	1
2162934	Acute	IP-D22	Delay in Advancing Care	2
2162934	Acute	IP-D24	Lack of Information	6
2162934	Acute	IP-D30	Administrative Denial	15
2162934	Acute	IP-D39	(PA) Not Medically Necessary	69
2162934	Acute	IP-D45	Not Eligible on DOS(Admin)	6
2162934	Acute	IP-D47	Elective Admit not Precerted(Admin)	1
2162934	Acute	IP-D51	Late Notification(Admin)	10